

UCC-1 Form

FILER INFORMATION

Full name: **ADAM S. CLAVELL, ESQ.**

Email Contact at Filer: **ACLAVELL@CLAVELL-LAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CLAVELL & ASSOCIATES, P.C.**

Mailing Address: **355 UNION ST.**

City, State Zip Country: **NEW BEDFORD, MA 02740 USA**

DEBTOR INFORMATION

Org. Name: **DVM PROPERTIES, LLC**

Mailing Address: **27 OAK RIDGE DRIVE**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

SECURED PARTY INFORMATION

Org. Name: **MILFORD FEDERAL SAVINGS AND LOAN ASSOCIATION**

Mailing Address: **246 MAIN STREET**

City, State Zip Country: **MILFORD, MA 01757 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL ASSETS OF THE DEBTOR WHICH ARE NOW OR HEREAFTER LOCATED AT, OR WHICH ARE NOW OR HEREAFTER USED OR USEFUL IN THE DEBTOR'S OPERATION OF, THE REAL PROPERTY LOCATED AT 412 ELM STREET, WOONSOCKET, RI.